## Parking Clerk Office of the Treasurer/Collector 34 Broadway Rockport MA, 01966



## Town of Rockport PARKING TICKET WRITTEN APPEAL <u>or</u> REQUEST FOR HEARING

Massachusetts General Law allows individuals to challenge the issuance of parking tickets. You may <u>either</u> submit an appeal in writing and receive a determination <u>or</u> you may request a formal hearing. The decision made for the written appeal as well as the hearing is final. You may not request a hearing after you have selected a written appeal.

	earing in Person for violation number	
Received on	(you will be co	ontacted with the date and time of hearing)
I hereby submit a <i>Writ</i> i	ten Appeal for violation number	
Received on		
NARAE.		
	STATE:	
TELEPHONE NUMBER:	REGISTRATION #:	
EMAIL ADDRESS:		
REASON: Be as specific as possible. Provid	le all documentation. (photos, maps, credit card re	ceipt if payment issue, etc)
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SIGNATURE:	DAT	TE:

- Use of this form is not required by law. A letter may be submitted instead as long as it includes ALL of the above information.
- Before mailing, please confirm that your ticket is within 21 DAYS of the issue date. Anything received after the 21 days is considered late and may be denied. Please include a copy of the violation.